

Fill in this information to identify the case:

Debtor name **IQ Dental Supply, LLC**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **23-21402 (SLM)**

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule E/F*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 12, 2023**

X /s/ Sergey Kunin

Signature of individual signing on behalf of debtor

Sergey Kunin

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name IQ Dental Supply, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 23-21402 (SLM)

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | |
|---|-------------------------|
| 1a. Real property: Copy line 88 from <i>Schedule A/B</i> | \$ <u>0.00</u> |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> | \$ <u>10,092,591.88</u> |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ <u>10,092,591.88</u> |

Part 2: Summary of Liabilities

| | |
|--|-------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ <u>3,385,345.70</u> |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ <u>0.00</u> |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ <u>4,712,912.24</u> |
| 4. Total liabilities Lines 2 + 3a + 3b | \$ <u>8,098,257.94</u> |

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Debtor name **IQ Dental Supply, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **23-21402 (SLM)**

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | Total claim | Priority amount |
|-----|--|---|--------------------------------|
| 2.1 | Priority creditor's name and mailing address Division of Taxation 124 Halsey Street 2nd Floor Newark, NJ 07102 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 \$0.00 |
| 2.2 | Priority creditor's name and mailing address Internal Revenue Service Special Procedures Branch PO Box 744 Springfield, NJ 07081-0744 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 \$0.00 |

| | | | | |
|--------|---|------------------------|-----------------------|--|
| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) | |
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|---|---|--|---------------|---------------|
| 2.3 | Priority creditor's name and mailing address Internal Revenue Service Attn: District Director 955 S. Springfield Avenue Springfield, NJ 07081 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: For Noticing Purposes Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|---------------|---------------|
| 2.4 | Priority creditor's name and mailing address Internal Revenue Service Office of the Chief Counsel 1 Newark Center, Suite 1500 Newark, NJ 07102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: For Noticing Purposes Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.5 | Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: For Noticing Purposes Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.6 | Priority creditor's name and mailing address New Jersey Division of Taxation Bankruptcy Section PO Box 245 Trenton, NJ 08695-0245 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: For Noticing Purposes Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) | |
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|-----|---|---|---------------|---------------|
| 2.7 | Priority creditor's name and mailing address NYC Dept. of Finance Office of Legal Affairs 375 Pearl Street, 30th Floor New York, NY 10038 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: For Noticing Purposes Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|--|---|---------------|---------------|
| 2.8 | Priority creditor's name and mailing address NYS Dept of Taxation & Finance Transaction Field Audit Bureau Mid-Hudson Regional Office 44 South Broadway, 6th Floor White Plains, NY 10601-4425 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: For Noticing Purposes Only | | |
| | Last 4 digits of account number 2928 | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|---|---|---------------|---------------|
| 2.9 | Priority creditor's name and mailing address NYS Dept. Taxation & Finance Bankruptcy/Special Procedures Section P.O. Box 5300 Albany, NY 12205-0300 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: For Noticing Purposes Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|---|---------------|---------------|
| 2.10 | Priority creditor's name and mailing address Office of the Attorney General Division of Law PO Box 080 Trenton, NJ 08625-0080 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: For Noticing Purposes Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--------|---|------------------------|-----------------------|--|
| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) | |
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| | | | | |
|---|--|---|---------------|---------------|
| 2.11 | Priority creditor's name and mailing address State of New Jersey Division of Taxation Sales & Use Tax PO Box 999 Trenton, NJ 08625 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: For Noticing Purposes Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|---------------|---------------|
| 2.12 | Priority creditor's name and mailing address State of New Jersey Division of Taxation - GIT 50 Barrack Street PO Box 269 Trenton, NJ 08625 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: For Noticing Purposes Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|---|---------------|---------------|
| 2.13 | Priority creditor's name and mailing address State of New Jersey Department of Labor Divison of Employer Accounts PO Box 379 Trenton, NJ 08625-0059 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: For Noticing Purposes Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|---------------|---------------|
| 2.14 | Priority creditor's name and mailing address Texas Comptroller of Public Accounts Revenue Accounting Division - Bankruptcy P.O. Box 13528 Capitol Station Austin, TX 78711 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: For Noticing Purposes Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor IQ Dental Supply, LLC | Case number (if known) 23-21402 (SLM) | |
| <small>Name</small> | | |

| | | |
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| 2.15 Priority creditor's name and mailing address United States Attorney 970 Broad Street 5th Floor Newark, NJ 07102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$0.00 \$0.00 |
| | | |
| Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | |
|--|--|------------------------|
| | | Amount of claim |
|--|--|------------------------|

| | | |
|--|--|---------------------|
| 3.1 Nonpriority creditor's name and mailing address 3M Oral Care PO Box 371227 Pittsburgh, PA 15250-7227 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$332,159.67 |
| | | |
| 3.2 Nonpriority creditor's name and mailing address A-Titan Instruments 10 Centre Dr. Hamburg, NY 14127 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,881.69 |
| | | |
| 3.3 Nonpriority creditor's name and mailing address Accutron Inc. P.O.Box 74007016 Chicago, IL 60674-7016 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,062.90 |
| | | |
| 3.4 Nonpriority creditor's name and mailing address ACE Surgical Supply 1034 Pearl Street PO Box 1710 Brockton, MA 02303 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$887.28 |
| | | |
| 3.5 Nonpriority creditor's name and mailing address Acteon, Inc 124 Gaither Drive Suite 140 Mount Laurel, NJ 08054 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,922.12 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.6 | Nonpriority creditor's name and mailing address AFP Imaging ImageWorks 8 Westchester Plaza Suite 112 Elmsford, NY 10523 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.7 | Nonpriority creditor's name and mailing address Aidite (Qinhuangdao) Technology Co. Advanced Dental Materials 600 Technology Park Suite 108 Lake Mary, FL 32746 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$324,039.62 |
| 3.8 | Nonpriority creditor's name and mailing address Air Techniques Products 1295 Walt Whitman Road Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$121,533.97 |
| 3.9 | Nonpriority creditor's name and mailing address Align Technology/ iTero PO Box 742531 Los Angeles, CA 90074-2531 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$58,890.00 |
| 3.10 | Nonpriority creditor's name and mailing address Aluwax Dental Product P.O. Box 87 Allendale, MI 49401 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$327.50 |
| 3.11 | Nonpriority creditor's name and mailing address American Eagle Instruments, Inc 6575 Butler Creek Rd. Missoula, MT 59808 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,753.23 |
| 3.12 | Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number <u>4001</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,774.34 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.13 | Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number <u>1018</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$128,000.00 |
| | | | |
| 3.14 | Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number <u>2000</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$34,530.00 |
| | | | |
| 3.15 | Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number <u>3008</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$513,938.28 |
| | | | |
| 3.16 | Nonpriority creditor's name and mailing address Ansell Healthcare Products LLC Dept CH 17373 Palatine, IL 60055-7373 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$600.30 |
| | | | |
| 3.17 | Nonpriority creditor's name and mailing address Arnel Inc 73 High Street Hempstead, NY 11550 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$880.06 |
| | | | |
| 3.18 | Nonpriority creditor's name and mailing address Aseptico 8333 216th Street SE Woodinville, WA 98072-1548 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$387.40 |
| | | | |
| 3.19 | Nonpriority creditor's name and mailing address Bank of America 3558 James Ave N Minneapolis, MN 55412-2438 Date(s) debt was incurred ____ Last 4 digits of account number <u>6196</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$34,952.95 |

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| Debtor | IQ Dental Supply, LLC Name | Case number (if known) | 23-21402 (SLM) |
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| | | | |
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| 3.20 | Nonpriority creditor's name and mailing address Bank of America 3558 James Ave N Minneapolis, MN 55412-2438 Date(s) debt was incurred ____ Last 4 digits of account number <u>8784</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,906.68 |
| <hr/> | | | |
| 3.21 | Nonpriority creditor's name and mailing address Bank of America 3558 James Ave N Minneapolis, MN 55412-2438 Date(s) debt was incurred ____ Last 4 digits of account number <u>7078</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,869.97 |
| <hr/> | | | |
| 3.22 | Nonpriority creditor's name and mailing address Bank of America 3558 James Ave N Minneapolis, MN 55412-2438 Date(s) debt was incurred ____ Last 4 digits of account number <u>0841</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$41,288.46 |
| <hr/> | | | |
| 3.23 | Nonpriority creditor's name and mailing address Bausch 12 Murphy Drive, Unit 4 Nashua, NH 03062 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,228.75 |
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| 3.24 | Nonpriority creditor's name and mailing address Beavers / Kerr Fifth Third Bank 5050 Kingsley Drive Cincinnati, OH 45227 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$473.13 |
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| 3.25 | Nonpriority creditor's name and mailing address Beaverstate Dental, Inc 115 South Elliott Rd Newberg, OR 97132 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,267.45 |
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| 3.26 | Nonpriority creditor's name and mailing address Bien Air 8861 Research Drive Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,261.07 |

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| Debtor | IQ Dental Supply, LLC Name | Case number (if known) | 23-21402 (SLM) |
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| 3.27 | Nonpriority creditor's name and mailing address Biotech, Inc 652 E. Main Ave. Zeeland, MI 49464-1399 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$820.00 |
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| 3.28 | Nonpriority creditor's name and mailing address Blazer Products, Inc 88-90 Allen Blvd Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$474.00 |
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| 3.29 | Nonpriority creditor's name and mailing address BonArt 550 Yorbita Rd La Puente, CA 91744 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.30 | Nonpriority creditor's name and mailing address Brandt Equipment 4461 Bronx Blvd. Bronx, NY 10470-1496 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.31 | Nonpriority creditor's name and mailing address Bravo! Building Services, Inc. 1260 Centennial Avenue Piscataway, NJ 08854 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$192.09 |
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| 3.32 | Nonpriority creditor's name and mailing address Brewer N88 W 13901 Main Street Suite 100 Menomonee Falls, WI 53051 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$776.00 |
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| 3.33 | Nonpriority creditor's name and mailing address Buffalo Dental Manufacture Co 159 Lafayette Dr. P.O. Box 678 Syosset, NY 11791-0678 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,304.97 |
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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.34 | Nonpriority creditor's name and mailing address Bulbworks, Inc P.O. Box 586 Succasunna, NJ 07876 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$446.50 |
| 3.35 | Nonpriority creditor's name and mailing address CAO Group 4628 W Skyhawk Drive West Jordan, UT 84084 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$960.99 |
| 3.36 | Nonpriority creditor's name and mailing address Capital One PO Box 71083 Charlotte, NC 28272-1083 Date(s) debt was incurred ____ Last 4 digits of account number <u>5282</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$70,220.33 |
| 3.37 | Nonpriority creditor's name and mailing address Cefla North America, Inc 6125 Harris Technology Blvd Charlotte, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$224.00 |
| 3.38 | Nonpriority creditor's name and mailing address Centrix P.O. Box 527 Stratford, CT 06615-0527 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,641.32 |
| 3.39 | Nonpriority creditor's name and mailing address Chapman-Huffman 320 S.E. Brideford Blvd Bend, OR 97702 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$210.00 |
| 3.40 | Nonpriority creditor's name and mailing address Chase PO Box 6294 Carol Stream, IL 60197-6294 Date(s) debt was incurred ____ Last 4 digits of account number <u>9632</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,982.47 |

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| Debtor | IQ Dental Supply, LLC Name | Case number (if known) | 23-21402 (SLM) |
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| 3.41 | Nonpriority creditor's name and mailing address CitiCard PO Box 70166 Philadelphia, PA 19176-0166 Date(s) debt was incurred ____ Last 4 digits of account number <u>7631</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$33,833.18 |
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| 3.42 | Nonpriority creditor's name and mailing address Clik Tech, Inc 12281 N. 120th Street Scottsdale, AZ 85259 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,353.50 |
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| 3.43 | Nonpriority creditor's name and mailing address Coltène/Whaledent Inc. Department 781842 PO Box 78000 Detroit, MI 48278-1842 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$28,466.54 |
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| 3.44 | Nonpriority creditor's name and mailing address CONAMCO S.A. de C.V. Medental Intl 3008 Palm Hill Dr Vista, CA 92084 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,047.50 |
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| 3.45 | Nonpriority creditor's name and mailing address Consolidated Paper Group, Inc P.O Box 51866 Bowling Green, KY 42104 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,623.20 |
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| 3.46 | Nonpriority creditor's name and mailing address Crosstex International PO Box 74008664 Chicago, IL 60674-8664 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,797.38 |
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| 3.47 | Nonpriority creditor's name and mailing address Crown Delta Corporation 1520 Front Street Yorktown Heights, NY 10598 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$257,266.77 |
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| Debtor | IQ Dental Supply, LLC Name | Case number (if known) | 23-21402 (SLM) |
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| 3.48 | Nonpriority creditor's name and mailing address Crown Seating 7300 South Tucson Way Centennial, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,697.50 |
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| 3.49 | Nonpriority creditor's name and mailing address Curtis Marsh 9 Beechwood Rd West Caldwell, NJ 07006 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$64.53 |
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| 3.50 | Nonpriority creditor's name and mailing address Cuting Edge Instrument, Inc P.O. Box 715602 Columbus, OH 43271-5602 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$109.60 |
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| 3.51 | Nonpriority creditor's name and mailing address Danville Materials 2875 Loker Avenue E Carlsbad, CA 92010 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,111.49 |
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| 3.52 | Nonpriority creditor's name and mailing address Darby Dental Supply LLC PO Box 26582 New York, NY 10087-6582 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$129.60 |
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| 3.53 | Nonpriority creditor's name and mailing address DCI Fulfilment Solutions 361 E Water St Gettysburg, PA 17325 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,336.21 |
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| 3.54 | Nonpriority creditor's name and mailing address DCI International Dental Components LLC Mail Stop 76 PO Box 4300 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,602.84 |
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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.55 | Nonpriority creditor's name and mailing address Dedeco International, Inc. 11617 State Route 97 Long Eddy, NY 12760-0244 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,011.87 |
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| 3.56 | Nonpriority creditor's name and mailing address Deepak / Keystone 480 S Democrat Road Gibbstown, NJ 08027 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.57 | Nonpriority creditor's name and mailing address DeLar P.O. Box 226 Lake Oswego, OR 97034 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.58 | Nonpriority creditor's name and mailing address DenMat 1017 W Central Ave Lompoc, CA 93436 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$739.22 |
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| 3.59 | Nonpriority creditor's name and mailing address Dental Chair Adaptors PO Box 818 Big Bear City, CA 92314 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.60 | Nonpriority creditor's name and mailing address Dental Connections 114 41st Street Brooklyn, NY 11232-3320 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,170.00 |
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| 3.61 | Nonpriority creditor's name and mailing address DentaleZ / Custom Air 301 Lindenwood Drive Suite 100 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$291.00 |
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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.62 | Nonpriority creditor's name and mailing address DentaleEZ / Ramvac 301 Lindenwood Drive, Suite 100 Malvern, PA 19355 Date(s) debt was incurred __ Last 4 digits of account number __ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$16,918.18 |
| 3.63 | Nonpriority creditor's name and mailing address DentaleEZ / Star Dental 301 Lindenwood Drive Suite 100 Malvern, PA 19355 Date(s) debt was incurred __ Last 4 digits of account number __ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,728.00 |
| 3.64 | Nonpriority creditor's name and mailing address Dentamerica Inc 18688 E. San Jose Avenue City of Industry, CA 91748 Date(s) debt was incurred __ Last 4 digits of account number __ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$286.00 |
| 3.65 | Nonpriority creditor's name and mailing address Denti Smart 1810 Industrial Park Drive Suite A Grand Haven, MI 49417 Date(s) debt was incurred __ Last 4 digits of account number __ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$156.00 |
| 3.66 | Nonpriority creditor's name and mailing address Dentonics, Inc 2833 Tophill Road Monroe, NC 28110 Date(s) debt was incurred __ Last 4 digits of account number __ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$708.00 |
| 3.67 | Nonpriority creditor's name and mailing address Dentsply Caulk Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred __ Last 4 digits of account number __ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$124,935.80 |
| 3.68 | Nonpriority creditor's name and mailing address Dentsply Maillefer Dentsply Maillefer Dept. TUL P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred __ Last 4 digits of account number __ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$24,780.70 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.69 | Nonpriority creditor's name and mailing address Dentsply Midwest Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$137.64 |
| 3.70 | Nonpriority creditor's name and mailing address Dentsply Pharmaceutical Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,126.68 |
| 3.71 | Nonpriority creditor's name and mailing address Dentsply Professional Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$111,357.82 |
| 3.72 | Nonpriority creditor's name and mailing address Dentsply Rinn Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,282.47 |
| 3.73 | Nonpriority creditor's name and mailing address Dexis LLC 450 Commerce Drive Quakertown, PA 18951 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,062.82 |
| 3.74 | Nonpriority creditor's name and mailing address Dharma Research 5220 NW 72nd Avenue Bay #15 Miami, FL 33166 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,737.50 |
| 3.75 | Nonpriority creditor's name and mailing address Diadent Group International Inc 11-3871 North Fraser Way Burnaby BC V5J5G6 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$899.80 |

Debtor **IQ Dental Supply, LLC** Case number (if known) **23-21402 (SLM)**
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| 3.76 | Nonpriority creditor's name and mailing address Directa, Inc (ContacEZ) PO Box 9004 Edgewood, NY 11717 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$635.25 |
| <hr/> | | | |
| 3.77 | Nonpriority creditor's name and mailing address Discover Bank PO Box 70176 Philadelphia, PA 19176-0176 Date(s) debt was incurred ____ Last 4 digits of account number <u>6555</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30,921.15 |
| <hr/> | | | |
| 3.78 | Nonpriority creditor's name and mailing address DMG America LLC 65 Challenger Road Suite 340 Ridgefield Park, NJ 07660 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,837.55 |
| <hr/> | | | |
| 3.79 | Nonpriority creditor's name and mailing address Dri-Angle/ Dental Health Products 4600 Witmer Industrial Estates Road Suite 8 Niagara Falls, NY 14305 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$537.00 |
| <hr/> | | | |
| 3.80 | Nonpriority creditor's name and mailing address E. C. Moore Company, Inc 13325 Leonard St PO Box 353 Dearborn, MI 48121 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,037.10 |
| <hr/> | | | |
| 3.81 | Nonpriority creditor's name and mailing address EcoGuard, Inc 700 S Battleground Ave #103 Grover, NC 28073 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$52,400.00 |
| <hr/> | | | |
| 3.82 | Nonpriority creditor's name and mailing address Emerson Healthcare PO Box 37835 Baltimore, MD 21297-7835 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,600.00 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.83 | Nonpriority creditor's name and mailing address Enbio Corp 3535 Gravel Springs Rd Suite 205 Buford, GA 30519 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.84 | Nonpriority creditor's name and mailing address Engle Dental Systems, LLC 7205 NW Evergreen PKWY Suite 100 Hillsboro, OR 97124 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$135.00 |
| 3.85 | Nonpriority creditor's name and mailing address Essential Dental Systems, Inc 89 Leuning Street South Hackensack, NJ 07606 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,271.16 |
| 3.86 | Nonpriority creditor's name and mailing address FedEx P.O. Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,413.18 |
| 3.87 | Nonpriority creditor's name and mailing address Flight Dental Systems 21 Kenview Blvd #9 Brampton, ON T6T 5G7 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$197.50 |
| 3.88 | Nonpriority creditor's name and mailing address FlossAid Corporation PO Box 624 Santa Clara, CA 95052 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,098.40 |
| 3.89 | Nonpriority creditor's name and mailing address Flow X-Ray Corporation Flow Dental Corporation 133 Wolf Road Battleboro, NC 27809 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$579.42 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.90 | Nonpriority creditor's name and mailing address Focus Global 1057 Steeles Ave West Suite 81691 North York ON M2R 2S0 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,099.20 |
| 3.91 | Nonpriority creditor's name and mailing address Forest Dental 301 Lindenwood Drive Suite 100 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$108,093.30 |
| 3.92 | Nonpriority creditor's name and mailing address G&H Orthodontics G & H Wire Company 2165 Earlywood Drive Franklin, IN 46131 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$164.78 |
| 3.93 | Nonpriority creditor's name and mailing address GC America Inc. 3737 W. 127th St Alsip, IL 60803 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$164,678.23 |
| 3.94 | Nonpriority creditor's name and mailing address George Taub Products 277 New York Ave Jersey City, NJ 07307 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$234.78 |
| 3.95 | Nonpriority creditor's name and mailing address Gill Mechanical Company PO Box 24628 Eugene, OR 97402 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,311.10 |
| 3.96 | Nonpriority creditor's name and mailing address Gingi-Pak 4825 Calle Alto Camarillo, CA 93012 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,311.10 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.97 | Nonpriority creditor's name and mailing address Great Plains Dental Product, Inc 111 East A Avenue P.O.Box 515 Kingman, KS 67068 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,035.00 |
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| 3.98 | Nonpriority creditor's name and mailing address Hager Worldwide 441 19th Street SE Hickory, NC 28602 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,001.02 |
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| 3.99 | Nonpriority creditor's name and mailing address Headsets.com 211 Austin St San Francisco, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$165.99 |
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| 3.100 | Nonpriority creditor's name and mailing address Heartsmart.com / Phillips P.O.Box 1301 New Milford, CT 06776 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,452.69 |
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| 3.101 | Nonpriority creditor's name and mailing address Hexa Dental 5211 E. Washington Blvd Ste#2-201 Commerce, CA 90040 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$61.00 |
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| 3.102 | Nonpriority creditor's name and mailing address Holmes Dental Company 50 S. Penn Street Hatboro, PA 19040 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$851.87 |
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| 3.103 | Nonpriority creditor's name and mailing address Hooker Sale Co. Inc. PO Box 491333 Leesburg, FL 34749-1333 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,610.00 |
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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.104 | Nonpriority creditor's name and mailing address HPTC, Inc 20793 Farmington Road Farmington, MI 48336 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,736.63 |
| 3.105 | Nonpriority creditor's name and mailing address Hu-Friedy 29254 Network Place Chicago, IL 60673-1292 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$46,070.87 |
| 3.106 | Nonpriority creditor's name and mailing address IC Care 2652 McGaw Ave Irvine, CA 92614 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$227.68 |
| 3.107 | Nonpriority creditor's name and mailing address IDS 920 W. 84th Street Hialeah, FL 33014 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,772.65 |
| 3.108 | Nonpriority creditor's name and mailing address Integra LifeSciences Sales LLC. P.O.Box 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,459.94 |
| 3.109 | Nonpriority creditor's name and mailing address Isolate Systems 12 Air Fluid Innovations, Inc. 14 Valleywood Dr Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,370.00 |
| 3.110 | Nonpriority creditor's name and mailing address Ivoclar Vivadent 175 Pineview Drive Amherst, NY 14228 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,554.24 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.111 | Nonpriority creditor's name and mailing address J&J Instruments, LLC 1666 East Touhy Avenue Des Plaines, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$26,599.90 |
| 3.112 | Nonpriority creditor's name and mailing address Jarahi International P.O.Box 645 Lake Hopatcong, NJ 07849 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,373.90 |
| 3.113 | Nonpriority creditor's name and mailing address Jay H Katz 450 Seventh Ave, Suite 1308 New York, NY 10123 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$880.00 |
| 3.114 | Nonpriority creditor's name and mailing address Jazz Imaging 770 Charcot Ave Suite 100 San Jose, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.115 | Nonpriority creditor's name and mailing address Johnson-Promident PO Box 734047 Chicago, IL 60673-1257 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$878.13 |
| 3.116 | Nonpriority creditor's name and mailing address JR Rand Corporation 300 Buffalo Ave Freeport, NY 11520 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$964.80 |
| 3.117 | Nonpriority creditor's name and mailing address KaVo Dental 11727 Fruehauf Drive Charlotte, NC 28273 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,282.55 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.118 | Nonpriority creditor's name and mailing address Kerr Kerr Corporation (Lockbox 14338) 540 W. Madison, 4th Floor Chicago, IL 60661 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$42,811.08 |
| 3.119 | Nonpriority creditor's name and mailing address Keystone Industries 480 S. Democrat Road Gibbstown, NJ 08027 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,817.75 |
| 3.120 | Nonpriority creditor's name and mailing address Kinetic Instruments Inc 17 Berkshire Boulevard Bethel, CT 06801 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.121 | Nonpriority creditor's name and mailing address Kulzer, LLC 24646 Network Place Chicago, IL 60673-1246 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$26,615.35 |
| 3.122 | Nonpriority creditor's name and mailing address Kuraray America, Inc. PO Box 123122 Dallas, TX 75312-3122 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$38,108.85 |
| 3.123 | Nonpriority creditor's name and mailing address L&R Manufacturing 577 Elm Street P.O. Box 607 Kearny, NJ 07032-0607 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,532.90 |
| 3.124 | Nonpriority creditor's name and mailing address L.L.Bean Inc. Financial Accounting Services PO Box 1847 Albany, NY 12201-1847 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,215.37 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.125 | Nonpriority creditor's name and mailing address Larissa Kunin Starr, Gern, Davison & Rubin PC Attn: Bruce Pitman & Alona Magidova 105 Eisenhower Parkway, Suite 401 Roseland, NJ 07068 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.126 | Nonpriority creditor's name and mailing address Lexus Financial Services PO Box 659820 San Antonio, TX 78265-9120 Date(s) debt was incurred ____ Last 4 digits of account number <u>0549</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$23,903.79 |
| 3.127 | Nonpriority creditor's name and mailing address LG H&H USA, INC. PO Box 894495 Los Angeles, CA 90189-4495 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,700.40 |
| 3.128 | Nonpriority creditor's name and mailing address LumaLite, Inc. 2830 Via Orange Way Suite B Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$108.00 |
| 3.129 | Nonpriority creditor's name and mailing address Luxury Card PO Box 13337 Philadelphia, PA 19101-3337 Date(s) debt was incurred ____ Last 4 digits of account number <u>6236</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$32,905.66 |
| 3.130 | Nonpriority creditor's name and mailing address Madison Pension Services Concierge Retirement Services Inc. 2500 Westchester Avenue, Suite 106 Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$677.00 |
| 3.131 | Nonpriority creditor's name and mailing address Mainline Medical Dental Supplies 100-102 Rossdean Drive New York ON M9L 2S1 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$24,000.00 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.132 | Nonpriority creditor's name and mailing address Matthew E. Frisch, Esq. Pashman Stein Walder Hayden PC Court Plaza South, 21 Main St #200 Plainfield, NJ 07061 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.133 | Nonpriority creditor's name and mailing address Maximum Dental 9 Branwood Drive Dix Hills, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$162.68 |
| 3.134 | Nonpriority creditor's name and mailing address MCC Modular & Custom Cabinets 10721 Keele Street N PO Box 580 Maple ON L6A 1S5 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$27,000.00 |
| 3.135 | Nonpriority creditor's name and mailing address Medicom AMD Medicom Inc. 6054 Shook Road Suite 200 Lockbourne, OH 43137 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,887.40 |
| 3.136 | Nonpriority creditor's name and mailing address Medtexx Semperit Investments Asia Pte Ltd (SIA) 8 Jurong Town Hall Road #12-05/06 JTC Summit 609434 SINGAPORE Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.137 | Nonpriority creditor's name and mailing address Meisinger 10150 E. Easter Ave Centennial, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$971.75 |
| 3.138 | Nonpriority creditor's name and mailing address Metrex Metrex Research LLC (Lockbox 14340) 540 W. Madison, 4th Floor Chicago, IL 60661 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$33,945.88 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.139 | Nonpriority creditor's name and mailing address Microbrush International 25788 Network Place Chicago, IL 60673-1257 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.140 | Nonpriority creditor's name and mailing address Microcopy 3120 Moon Station Rd Kennesaw, GA 30144-2765 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,121.90 |
| 3.141 | Nonpriority creditor's name and mailing address Microtech 3030 S. Fairview St, Suite A Santa Ana, CA 92704 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.142 | Nonpriority creditor's name and mailing address Midmark 60 Vista Drive Versailles, OH 45380 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80,679.21 |
| 3.143 | Nonpriority creditor's name and mailing address Mizzy / Keystone 480 S Democrat Road Gibbstown, NJ 08027 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$413.60 |
| 3.144 | Nonpriority creditor's name and mailing address Moore Medical LLC / McKesson 1690 New Britain Avenue Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,462.21 |
| 3.145 | Nonpriority creditor's name and mailing address MTI Dental Products 730 Airport Road Unit 1 Lakewood, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

| Debtor | IQ Dental Supply, LLC | Case number (if known) | 23-21402 (SLM) |
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| 3.146 | Nonpriority creditor's name and mailing address Myco Medical PO Box 896578 Charlotte, NC 28289-6578 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,860.30 |
| 3.147 | Nonpriority creditor's name and mailing address NDC Inc. 402 BNA Drive, Suite 500 Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$230,718.27 |
| 3.148 | Nonpriority creditor's name and mailing address NetSuite, Inc. Celigo, Inc Dept 0402 PO Box 120402 Dallas, TX 75312-0402 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,631.01 |
| 3.149 | Nonpriority creditor's name and mailing address Noel's Installation LLC 5919 Summerdale Ave Philadelphia, PA 19149 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.150 | Nonpriority creditor's name and mailing address Nordent Manufacturing Inc. 610 Bonnie Lane Elk Grove Village, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,642.93 |
| 3.151 | Nonpriority creditor's name and mailing address NSK America 1800 Global Parkway Hoffman Estates, IL 60192 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,276.71 |
| 3.152 | Nonpriority creditor's name and mailing address Ortech Controls 14739 Aurora Ave N UNIT 120 Seattle, WA 98133 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$48.50 |

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| Debtor | IQ Dental Supply, LLC Name | Case number (if known) | 23-21402 (SLM) |
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| 3.153 | Nonpriority creditor's name and mailing address OrthoQuest/Plak Smacker PO Box 734362 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$483.99 |
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| 3.154 | Nonpriority creditor's name and mailing address Pac-Dent, Inc 670 Endeavor Circle Brea, CA 92821 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,453.60 |
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| 3.155 | Nonpriority creditor's name and mailing address Palmero Health Care 120 Goodwin Place Stratford, CT 06615-6713 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,973.70 |
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| 3.156 | Nonpriority creditor's name and mailing address Parkell 300 Executive Drive PO Box 9004 Brentwood, NY 11717 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,314.04 |
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| 3.157 | Nonpriority creditor's name and mailing address Parker Hannfin Cor / Porter Instrument 7930 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,869.40 |
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| 3.158 | Nonpriority creditor's name and mailing address Parts Warehouse 309 Judson Lynden, WA 98264 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,400.00 |
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| 3.159 | Nonpriority creditor's name and mailing address Pascal International, Inc 2929 NE Northup Way Bellevue, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,670.70 |
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| Debtor | IQ Dental Supply, LLC Name | Case number (if known) | 23-21402 (SLM) |
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| 3.160 | Nonpriority creditor's name and mailing address PDT Inc 8275 Highway 10 West PO Box 17980 Missoula, MT 59808 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,836.89 |
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| 3.161 | Nonpriority creditor's name and mailing address Pentron /Kerr Corp. 14338 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,574.04 |
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| 3.162 | Nonpriority creditor's name and mailing address Pinnacle Pinnacle (Lockbox 14340) 540 W.Madison,4th Floor Chicago, IL 60661 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,202.53 |
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| 3.163 | Nonpriority creditor's name and mailing address PIX Minimax 133 Wolf Road Battleboro, NC 27809 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,312.60 |
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| 3.164 | Nonpriority creditor's name and mailing address PKF O'Connor Davies,LLP 300 Tice Boulevard Suite 315 Woodcliff Lake, NJ 07677 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,000.00 |
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| 3.165 | Nonpriority creditor's name and mailing address Plasdent Corporation 969 Price Street Pomona, CA 91767 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,311.30 |
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| 3.166 | Nonpriority creditor's name and mailing address Polaroid Dental Imaging 8 Jay Court Monsey, NY 10952 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| Debtor Name | Case number (if known) | 23-21402 (SLM) |
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| IQ Dental Supply, LLC Name 3.167 Nonpriority creditor's name and mailing address Premier PO Box 825429 Philadelphia, PA 19182-5429 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$24,013.00 |
| 3.168 Nonpriority creditor's name and mailing address Preventech PO Box 1409 Indian Trail, NC 28079 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19,847.00 |
| 3.169 Nonpriority creditor's name and mailing address ProEdge Dental Product 7042 S Revere Parkway, Suite 400 Centennial, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,056.00 |
| 3.170 Nonpriority creditor's name and mailing address Proma 730 East Kingshill Place Carson, CA 90746-1392 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.171 Nonpriority creditor's name and mailing address ProxySoft Worldwide, Inc 17 C Trowbridge Drive Bethel, CT 06801 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,585.50 |
| 3.172 Nonpriority creditor's name and mailing address Pulpdent Corp P.O. BOX 780 Watertown, MA 02471-0780 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,138.55 |
| 3.173 Nonpriority creditor's name and mailing address PuraGraft 22001 Northpark Drive, Suite 700 Kingwood, TX 77339 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$87.95 |

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| Debtor | IQ Dental Supply, LLC Name | Case number (if known) | 23-21402 (SLM) |
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| 3.174 | Nonpriority creditor's name and mailing address Quality Aspirators PO Box 382120 Duncanville, TX 75138 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$187.20 |
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| 3.175 | Nonpriority creditor's name and mailing address Quality Dental 42 Rutland Road Hempstead, NY 11550 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$46,569.99 |
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| 3.176 | Nonpriority creditor's name and mailing address RAY America 400 Kelby St .Ste 1500 Fort Lee, NJ 07024 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.177 | Nonpriority creditor's name and mailing address Rebec PO Box 658 Edmonds, WA 98020 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$685.61 |
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| 3.178 | Nonpriority creditor's name and mailing address Replacement Parts Industries, Inc PO Box 713198 Chicago, IL 60677-0398 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$815.26 |
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| 3.179 | Nonpriority creditor's name and mailing address Revion Solutions Incorporated 184 South Livingston Ave STE 9#306 Livingston, NJ 07039 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$329.40 |
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| 3.180 | Nonpriority creditor's name and mailing address Richmond Dental Company Dept.720082 PO Box 1335 Charlotte, NC 28201-1335 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,739.56 |
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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.181 | Nonpriority creditor's name and mailing address Roydent 608 Rolling Hills Drive Johnson City, TN 37604 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,176.20 |
| 3.182 | Nonpriority creditor's name and mailing address Sable Industries Inc 100 Campbell Ave., Suite 5 Kitchener ON N2H 4X8 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,373.32 |
| 3.183 | Nonpriority creditor's name and mailing address Safe-Dent Enterprises LLC 4 Orchard Hill Drive Monsey, NY 10952 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$49,437.75 |
| 3.184 | Nonpriority creditor's name and mailing address Safe-Vac 6745 Elegante Way San Diego, CA 92130 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.185 | Nonpriority creditor's name and mailing address Sanford Levine & Sons 400 Rt 46 East Fairfield, NJ 07004 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,621.11 |
| 3.186 | Nonpriority creditor's name and mailing address SDI 1279 Hamilton Parkway Itasca, IL 60143 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,912.81 |
| 3.187 | Nonpriority creditor's name and mailing address Septodont 205 Granite Run Drive, Suite 150 Lancaster, PA 17601 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$54,673.71 |

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| Debtor | IQ Dental Supply, LLC Name | Case number (if known) | 23-21402 (SLM) |
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| 3.188 | Nonpriority creditor's name and mailing address Sergey Kunin 78 Weinmanns Blvd. Wayne, NJ 07470 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$308,741.00 |
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| 3.189 | Nonpriority creditor's name and mailing address Sherman Specialty Company 300 Jericho Quadrangle Suite 240 West Jericho, NY 11753 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9.54 |
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| 3.190 | Nonpriority creditor's name and mailing address Shofu Dental Corporation 1225 Stone Drive San Marcos, CA 92078-4059 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$28,687.63 |
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| 3.191 | Nonpriority creditor's name and mailing address Solmetex 50 Bearfoot Road Northborough, MA 01532 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,145.53 |
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| 3.192 | Nonpriority creditor's name and mailing address South East Instruments, LLC Pac-Dent 670 Endeavor Circle Brea, CA 92821 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,566.14 |
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| 3.193 | Nonpriority creditor's name and mailing address Southeast Medical Products, Inc 5524 Commerce Dr Orlando, FL 32839 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,789.35 |
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| 3.194 | Nonpriority creditor's name and mailing address Spring Health Products 705 General Washington Ave, Suite 701 Norristown, PA 19403 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,798.95 |
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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.195 | Nonpriority creditor's name and mailing address SprintRay Inc. 3577 N Figueroa St Los Angeles, CA 90065 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.196 | Nonpriority creditor's name and mailing address SS White Burs, Inc. 1145 Towbin Avenue Lakewood, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,430.00 |
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| 3.197 | Nonpriority creditor's name and mailing address Strauss Diamond Instruments Inc. 9 Florida Park Drive N. Palm Coast, FL 32137 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$763.84 |
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| 3.198 | Nonpriority creditor's name and mailing address Suburban Propane PO Box J Whippany, NJ 07981-0409 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90.97 |
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| 3.199 | Nonpriority creditor's name and mailing address Summit Dental Systems 1280 SW 27 Avenue Pompano Beach, FL 33069 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$314.90 |
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| 3.200 | Nonpriority creditor's name and mailing address Suni Medical Imaging 6840 Via Del Oro, Suite 160 San Jose, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.201 | Nonpriority creditor's name and mailing address Superior Handling Solutions PO Box 257 Howell, NJ 07731-0257 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$181.26 |
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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.202 | Nonpriority creditor's name and mailing address Superior Upholstery 2103 W Church St. Orlando, FL 32805 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$414.50 |
| | | | |
| 3.203 | Nonpriority creditor's name and mailing address Surgical Esthetics 19355 Business Center Drive Unit #8 Northridge, CA 91324 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,671.02 |
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| 3.204 | Nonpriority creditor's name and mailing address Surgical Specialties Corporation 1100 Berkshire Blvd, Suite 308 Wyomissing, PA 19610 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,558.69 |
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| 3.205 | Nonpriority creditor's name and mailing address SymplBrush 1562 1st Ave. New York, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$380.00 |
| | | | |
| 3.206 | Nonpriority creditor's name and mailing address Takara Belmont USA, Inc PO Box 358141 Pittsburgh, PA 15251-5141 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,735.80 |
| | | | |
| 3.207 | Nonpriority creditor's name and mailing address TD Bank 1701 Marlton Pike E Cherry Hill, NJ 08003 Date(s) debt was incurred ____ Last 4 digits of account number <u>6848</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$48,085.95 |
| | | | |
| 3.208 | Nonpriority creditor's name and mailing address Teal's Express, Inc. PO Box 6010 Watertown, NY 13601 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

Debtor **IQ Dental Supply, LLC**
Name

Case number (if known) **23-21402 (SLM)**

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| 3.209 | Nonpriority creditor's name and mailing address Temrex Corp. 300 Buffalo Ave Freeport, NY 11520 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$641.18 |
| 3.210 | Nonpriority creditor's name and mailing address TForce Freight 28013 Network Place Chicago, IL 60673-1280 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$641.18 |
| 3.211 | Nonpriority creditor's name and mailing address The Dental Repair Specialist, LLC 27 Arcturus Drive Sewell, NJ 08080 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.212 | Nonpriority creditor's name and mailing address The Hospitality Group Limited Wilmslow Road Didsbury Manchester M20 5WZ Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,389.60 |
| 3.213 | Nonpriority creditor's name and mailing address Tokuyama Dental America Inc 740 Garden View Court, Suite 200 Encinitas, CA 92024 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,981.73 |
| 3.214 | Nonpriority creditor's name and mailing address TPC Advanced Technology 851 S.Lawson Street City of Industry, CA 91748 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,629.50 |
| 3.215 | Nonpriority creditor's name and mailing address Tuttnauer PO Box 23279 New York, NY 10087-3279 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,129.77 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.216 | Nonpriority creditor's name and mailing address UDM 608 Rolling Hills Drive Johnson City, TN 37601 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,042.20 |
| 3.217 | Nonpriority creditor's name and mailing address Uline 2200 S Lakeside Drive Waukegan, IL 60085 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,277.83 |
| 3.218 | Nonpriority creditor's name and mailing address UMG Medical Imaging 28 Calvert Street Harrison, NY 10528 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,770.00 |
| 3.219 | Nonpriority creditor's name and mailing address Unimed-Midwest, Inc 21875 Grenada Avenue Lakeville, MN 55044 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.220 | Nonpriority creditor's name and mailing address ValuMax International, Inc 848 Hausmann Road Allentown, PA 18104 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,950.05 |
| 3.221 | Nonpriority creditor's name and mailing address Vaniman 140 N. Brandon Rd Fallbrook, CA 92028 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.222 | Nonpriority creditor's name and mailing address Vatech America Inc. 2200 Fletcher Avenue Suite 705A Fort Lee, NJ 07024 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$145,897.00 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.223 | Nonpriority creditor's name and mailing address Vector 69th Ave. West University Tacoma, WA 98466 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,450.00 |
| 3.224 | Nonpriority creditor's name and mailing address Vector R & D Inc. 6824 19th St. #230 University Place, WA 98466 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$120.00 |
| 3.225 | Nonpriority creditor's name and mailing address Velopex International, Inc. 105 East 17th Street Saint Cloud, FL 34769 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$498.84 |
| 3.226 | Nonpriority creditor's name and mailing address Villa Radiology Systems 199 Park Road Ext.; Suite 107 Middlebury, CT 06762 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$125.80 |
| 3.227 | Nonpriority creditor's name and mailing address Vista Dental Products 2200 South Street Racine, WI 53404 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,644.84 |
| 3.228 | Nonpriority creditor's name and mailing address VITA North America 22705 Savi Ranch Pkwy; Suite 100 Yorba Linda, CA 92887 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,616.96 |
| 3.229 | Nonpriority creditor's name and mailing address W.B.Mason W.B.Mason Co., Inc PO Box 981101 Boston, MA 02298-1101 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,227.94 |

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| Debtor | IQ Dental Supply, LLC <small>Name</small> | Case number (if known) | 23-21402 (SLM) |
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| 3.230 | Nonpriority creditor's name and mailing address Water Pik, Inc P.O.Box 74008464 Chicago, IL 60674-8464 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,884.47 |
| 3.231 | Nonpriority creditor's name and mailing address Xttrium Laboratories 1200 E Business Center Dr Mount Prospect, IL 60056-6041 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$690.00 |
| 3.232 | Nonpriority creditor's name and mailing address Young Denticator Young Dental Manufacturing I,LLC 25787 Network Place Chicago, IL 60673-1257 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,017.59 |
| 3.233 | Nonpriority creditor's name and mailing address Zhermack, Inc PO Box 4195 River Edge, NJ 07661-4195 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,734.00 |
| 3.234 | Nonpriority creditor's name and mailing address Zirc Dental Products 3918 Hwy 55 SE Buffalo, MN 55313 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,492.59 |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | | |
|--------------------------|---|---|
| | | |
| Name and mailing address | On which line in Part1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

| | | | | | | | | | |
|--|--|-------------------------------|--|------------------------------|---------|------------------------------|-------------------|--|-----------------|
| | <table border="0" style="width: 100%;"> <tr> <td colspan="2" style="border: 1px solid black; background-color: #f0f0f0; padding: 2px;">Total of claim amounts</td> </tr> <tr> <td style="width: 10%;">5a. Total claims from Part 1</td> <td style="width: 90%;">\$ 0.00</td> </tr> <tr> <td>5b. Total claims from Part 2</td> <td>+ \$ 4,712,912.24</td> </tr> <tr> <td>5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small></td> <td style="border: 1px solid black; padding: 5px;">\$ 4,712,912.24</td> </tr> </table> | Total of claim amounts | | 5a. Total claims from Part 1 | \$ 0.00 | 5b. Total claims from Part 2 | + \$ 4,712,912.24 | 5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small> | \$ 4,712,912.24 |
| Total of claim amounts | | | | | | | | | |
| 5a. Total claims from Part 1 | \$ 0.00 | | | | | | | | |
| 5b. Total claims from Part 2 | + \$ 4,712,912.24 | | | | | | | | |
| 5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small> | \$ 4,712,912.24 | | | | | | | | |